

117TH CONGRESS
1ST SESSION

S. 1795

To address mental health issues for youth, particularly youth of color, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 24, 2021

Mr. MENENDEZ (for himself, Ms. CORTEZ MASTO, Mr. BOOKER, Mr. CARPER, Ms. SMITH, Mr. BENNET, Mr. BLUMENTHAL, Mr. PADILLA, Ms. WARREN, Mr. LUJÁN, Mr. MURPHY, and Ms. ROSEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address mental health issues for youth, particularly youth of color, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Pursuing Equity in
5 Mental Health Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

- Sec. 101. Integrated Health Care Demonstration Program.
 Sec. 102. Addressing racial and ethnic minority mental health disparities re-
 search gaps.
 Sec. 103. Health professions competencies to address racial and ethnic minority
 mental health disparities.
 Sec. 104. Racial and ethnic minority behavioral and mental health outreach and
 education strategy.
 Sec. 105. Additional funds for National Institutes of Health.
 Sec. 106. Additional funds for National Institute on Minority Health and
 Health Disparities.

TITLE II—OTHER PROVISIONS

- Sec. 201. Reauthorization of Minority Fellowship Program.
 Sec. 202. Study on the Effects of Smartphone and Social Media Use on Adoles-
 cents.
 Sec. 203. Technical correction.

1 **TITLE I—HEALTH EQUITY AND** 2 **ACCOUNTABILITY**

3 **SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION** 4 **PROGRAM.**

5 Part D of title V of the Public Health Service Act
 6 (42 U.S.C. 290dd et seq.) is amended by inserting after
 7 section 553 of such Act (as redesignated and moved by
 8 section 203 of this Act) the following:

9 **“SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR** 10 **PROVISION OF BEHAVIORAL HEALTH CARE** 11 **IN PRIMARY CARE SETTINGS.**

12 “(a) GRANTS.—The Secretary shall award grants to
 13 eligible entities for the purpose of establishing interprofes-
 14 sional health care teams that provide behavioral health
 15 care.

16 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
 17 a grant under this section, an entity shall be a Federally

1 qualified health center (as defined in section 1861(aa) of
2 the Social Security Act), rural health clinic, or behavioral
3 health program, serving a high proportion of individuals
4 from racial and ethnic minority groups (as defined in sec-
5 tion 1707(g)).

6 “(c) **SCIENTIFICALLY BASED.**—Integrated health
7 care funded through this section shall be scientifically
8 based, taking into consideration the results of the most
9 recent peer-reviewed research available.

10 “(d) **AUTHORIZATION OF APPROPRIATIONS.**—To
11 carry out this section, there is authorized to be appro-
12 priated \$20,000,000 for each of the first 5 fiscal years
13 following the date of enactment of the Pursuing Equity
14 in Mental Health Act.”.

15 **SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY**
16 **MENTAL HEALTH DISPARITIES RESEARCH**
17 **GAPS.**

18 Not later than 6 months after the date of the enact-
19 ment of this Act, the Director of the National Institutes
20 of Health shall enter into an arrangement with the Na-
21 tional Academies of Sciences, Engineering, and Medicine
22 (or, if the National Academies of Sciences, Engineering,
23 and Medicine decline to enter into such an arrangement,
24 the Patient-Centered Outcomes Research Institute, the

1 Agency for Healthcare Research and Quality, or another
2 appropriate entity)—

3 (1) to conduct a study with respect to mental
4 health disparities in racial and ethnic minority
5 groups (as defined in section 1707(g) of the Public
6 Health Service Act (42 U.S.C. 300u–6(g))); and

7 (2) to submit to the Congress a report on the
8 results of such study, including—

9 (A) a compilation of information on the dy-
10 namics of mental disorders in such racial and
11 ethnic minority groups; and

12 (B) a compilation of information on the
13 impact of exposure to community violence, ad-
14 verse childhood experiences, structural racism,
15 and other psychological traumas on mental dis-
16 orders in such racial and minority groups.

17 **SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO AD-**
18 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
19 **TAL HEALTH DISPARITIES.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services may award grants to qualified national
22 organizations for the purposes of—

23 (1) developing, and disseminating to health pro-
24 fessional educational programs best practices or core
25 competencies addressing mental health disparities

1 among racial and ethnic minority groups for use in
2 the training of students in the professions of social
3 work, psychology, psychiatry, marriage and family
4 therapy, mental health counseling, and substance
5 misuse counseling; and

6 (2) certifying community health workers and
7 peer wellness specialists with respect to such best
8 practices and core competencies and integrating and
9 expanding the use of such workers and specialists
10 into health care to address mental health disparities
11 among racial and ethnic minority groups.

12 (b) BEST PRACTICES; CORE COMPETENCIES.—Orga-
13 nizations receiving funds under subsection (a) may use the
14 funds to engage in the following activities related to the
15 development and dissemination of best practices or core
16 competencies described in subsection (a)(1):

17 (1) Formation of committees or working groups
18 comprised of experts from accredited health profes-
19 sions schools to identify best practices and core com-
20 petencies relating to mental health disparities among
21 racial and ethnic minority groups.

22 (2) Planning of workshops in national fora to
23 allow for public input into the educational needs as-
24 sociated with mental health disparities among racial
25 and ethnic minority groups.

1 (3) Dissemination and promotion of the use of
2 best practices or core competencies in undergraduate
3 and graduate health professions training programs
4 nationwide.

5 (4) Establishing external stakeholder advisory
6 boards to provide meaningful input into policy and
7 program development and best practices to reduce
8 mental health disparities among racial and ethnic
9 minority groups.

10 (c) DEFINITIONS.—In this section:

11 (1) QUALIFIED NATIONAL ORGANIZATION.—The
12 term “qualified national organization” means a na-
13 tional organization that focuses on the education of
14 students in one or more of the professions of social
15 work, psychology, psychiatry, marriage and family
16 therapy, mental health counseling, and substance
17 misuse counseling.

18 (2) RACIAL AND ETHNIC MINORITY GROUP.—
19 The term “racial and ethnic minority group” has the
20 meaning given to such term in section 1707(g) of
21 the Public Health Service Act (42 U.S.C. 300u-
22 6(g)).

1 **SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL**
2 **AND MENTAL HEALTH OUTREACH AND EDU-**
3 **CATION STRATEGY.**

4 Part D of title V of the Public Health Service Act
5 (42 U.S.C. 290dd et seq.) is amended by inserting after
6 section 554 of such Act, as added by section 101 of this
7 Act, the following:

8 **“SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
9 **AND EDUCATION STRATEGY.**

10 “(a) IN GENERAL.—The Secretary shall, in consulta-
11 tion with advocacy and behavioral and mental health orga-
12 nizations serving racial and ethnic minority groups, de-
13 velop and implement an outreach and education strategy
14 to promote behavioral and mental health and reduce stig-
15 ma associated with mental health conditions and sub-
16 stance abuse among racial and ethnic minority groups.
17 Such strategy shall—

18 “(1) be designed to—

19 “(A) meet the diverse cultural and lan-
20 guage needs of the various racial and ethnic mi-
21 nority groups; and

22 “(B) be developmentally and age-appro-
23 priate;

24 “(2) increase awareness of symptoms of mental
25 illnesses common among such groups, taking into
26 account differences within at-risk subgroups;

1 “(3) provide information on evidence-based, cul-
2 turally and linguistically appropriate and adapted
3 interventions and treatments;

4 “(4) ensure full participation of, and engage,
5 both consumers and community members in the de-
6 velopment and implementation of materials; and

7 “(5) seek to broaden the perspective among
8 both individuals in these groups and stakeholders
9 serving these groups to use a comprehensive public
10 health approach to promoting behavioral health that
11 addresses a holistic view of health by focusing on the
12 intersection between behavioral and physical health.

13 “(b) REPORTS.—Beginning not later than 1 year
14 after the date of the enactment of this section and annu-
15 ally thereafter, the Secretary shall submit to Congress,
16 and make publicly available, a report on the extent to
17 which the strategy developed and implemented under sub-
18 section (a) increased behavioral and mental health out-
19 comes associated with mental health conditions and sub-
20 stance abuse among racial and ethnic minority groups.

21 “(c) DEFINITION.—In this section, the term ‘racial
22 and ethnic minority group’ has the meaning given to that
23 term in section 1707(g).

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 \$10,000,000 for each of fiscal years 2022 through 2026.”.

4 **SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES**
5 **OF HEALTH.**

6 (a) IN GENERAL.—In addition to amounts otherwise
7 authorized to be appropriated to the National Institutes
8 of Health, there is authorized to be appropriated to such
9 Institutes \$100,000,000 for each of fiscal years 2022
10 through 2026 to build relations with communities and con-
11 duct or support clinical research, including clinical re-
12 search on racial or ethnic disparities in physical and men-
13 tal health.

14 (b) DEFINITION.—In this section, the term “clinical
15 research” has the meaning given to such term in section
16 409 of the Public Health Service Act (42 U.S.C. 284d).

17 **SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE**
18 **ON MINORITY HEALTH AND HEALTH DISPARI-**
19 **TIES.**

20 In addition to amounts otherwise authorized to be ap-
21 propriated to the National Institute on Minority Health
22 and Health Disparities, there is authorized to be appro-
23 priated to such Institute \$650,000,000 for each of fiscal
24 years 2022 through 2026.

1 **TITLE II—OTHER PROVISIONS**

2 **SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP**
3 **PROGRAM.**

4 Section 597(c) of the Public Health Service Act (42
5 U.S.C. 297ll(c)) is amended by striking “\$12,669,000 for
6 each of fiscal years 2018 through 2022” and inserting
7 “\$25,000,000 for each of fiscal years 2022 through
8 2026”.

9 **SEC. 202. STUDY ON THE EFFECTS OF SMARTPHONE AND**
10 **SOCIAL MEDIA USE ON ADOLESCENTS.**

11 (a) IN GENERAL.—Not later than 1 year after the
12 date of enactment of this Act, the Secretary of Health and
13 Human Services shall conduct or support research on—

14 (1) smartphone and social media use by adoles-
15 cents; and

16 (2) the effects of such use on—

17 (A) emotional, behavioral, and physical
18 health and development; and

19 (B) disparities in minority and under-
20 served populations.

21 (b) REPORT.—Not later than 5 years after the date
22 of the enactment of this Act, the Secretary shall submit
23 to the Congress, and make publicly available, a report on
24 the findings of research described in this section.

1 **SEC. 203. TECHNICAL CORRECTION.**

2 Title V of the Public Health Service Act (42 U.S.C.
3 290aa et seq.) is amended—

4 (1) by redesignating the second section 550 (42
5 U.S.C. 290ee–10) (relating to Sobriety Treatment
6 And Recovery Teams) as section 553; and

7 (2) by moving such section, as so redesignated,
8 so as to appear after section 552 (42 U.S.C. 290ee–
9 7).

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